



Organization Response Form

Federal Employees' Health Benefits Fair

November 7-8, 2007

Metcalfe Federal Building

GSA Conference Center - Room 331

77 W. Jackson Boulevard - Downtown Chicago

CARRIER: _____

PHONE: _____ FAX: _____

NAME OF CONTACT: _____

E-MAIL ADDRESS: _____

WILL ATTEND _____

If attending, please provide the *name* and *contact information* for your representative for the **Health Care Organization Information Briefing**:

Name of Presenter: _____

* 15 minute presentation with a 15 minute Q&A.

* Time slots will be reserved on a "**first respond**" basis (8 Available)

WILL NOT ATTEND _____

If not attending, please send Informational Brochures for distribution.

To ensure your table reservation please reply by FAX or E-Mail

No Later Than:

Tuesday, August 28th, 2007

Via FAX: (312) 353-3058 att. Veronica Leyva
or E-Mail: veronica.leyva@gsa.gov

QUESTIONS?

Call (312) 353 - 1703